## EXHIBIT B

| FORM B10 (Official Form 10)(NEW) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Name of Debtor USA COMMERCIAL MORTGAGE COMPANY   | Case Number<br>06-10725-LBR  |  |  |  |  |  |
| Name of Creditor (The person or other entity to whom the debtor owes   | Check box if you are aware that  |  |  |  |  |  |
| money or property)  RUTH ACOSTA t/a  LIBERTY RESOURCE MANAGEMENT   | anyone else has filed a proof of<br>claim relating to your claim. Attach<br>copy of statement giving particulars   |  |  |  |  |  |
| Name and address where notices should be sent  | [ ] Check box if you have never received any notices from the  | i<br>  |  |  |  |  |
| Ruth Acosta 2546 General PO. Den 7069 Audubon, PA 10407 Norristown, PA 19403   | Bankruptcy Court in this case  [X] Check box if the address differs from the address on the envelope sent to you by the Court  |  |  |  |  |  |
| Telephone number (610) 631-9934 Account or other number by which creditor identifies debtor  | Check here if this claim   | Thus Space Is For Court Use Only                               |  |  |  |  |
|  | <b>bQ</b> amends   | filed claum, dated 11/10/06                                    |  |  |  |  |
| 1 Basis for Claim [ ] Goods sold [ ] Services performed  | [] Rettree benefits as defined in : [] Wages, salaries, and compensa Your SS #   | tion (fill out below)  |  |  |  |  |
| [ ] Money loaned [ ] 13 Personal injury/wrongful death [ ] Taxes   | Unpaid compensation for ser<br>from to   |  |  |  |  |  |
| [X] Other – Unremitted Principal  2 Date debt was incurred Unknown   | 3 If court judgment, date obtained   |  |  |  |  |  |
| If all or part of your claim is secured or entitled to priority also comple  [ ] Check this box if claim includes interest or other charges in addition to   of all interest or additional charges   | the principal amount of the claim Attach   | h stemuzed statement   |  |  |  |  |
| 5 Secured Claim.   | 6 Unsecured Priority Claim.  |  |  |  |  |  |
| [ ] Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral   | [ ] Check this box if you have an unse<br>Amount entitled to priority \$<br>Specify the priority of the claim  |  |  |  |  |  |
| [] Real Estate [] Motor Vehicle<br>[] Other  | [ ] Wages, salaries, or commissions (up to 5<br>filing of the bankruptcy petition or cess<br>whichever is earlier - 11 U S C § 507(s   | ation of the debtor s business,<br>(3)                         |  |  |  |  |
| Value of Collateral \$   | [ ] Contributions to an employee benefit pla<br>[ ] Up to \$2,225° of deposits toward purel<br>services for personal family or housely                                       | hase lease or rental of property or                            |  |  |  |  |
|  | [ ] Alimony maintenance or support owed<br>11 U S C § 507(a)(7)  |  |  |  |  |  |
| Amount of arrearage and other charges at tune case filed included in secured claim, if any: \$   | [ ] Taxes or penalties owed to governments [ ] Other Specify applicable sub-paragraph  *Amounts are subject to adjustment on 4/1/  respect to cases commenced on or after th | h of 11 U S C § 507(a)<br>07 and every 3 years thereafter with |  |  |  |  |
| 7 Credits The amount of all payments on this claim has been credit making this proof of claim.   |  |  |  |  |  |  |
| 8 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS  If the documents are not available, explain If the documents are voluminous, attach a summary |  |  |  |  |  |  |
|  | 9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped,   |  |  |  |  |  |
| Date Sign and print the name and title, if any, of the creditor or other person authorized to file  Ruth Acosta  FILED APR 1 0 200   |  |  |  |  |  |  |
| Penalty for presenting fraudulent claim Fine of up to \$500,000 or impriso   | nment for up to 5 years, or both. 18 US  | C §§ 152 and 3571  |  |  |  |  |



|   | 2.8  | PRO                                 | OF OF CLAIM  |  |   |
|---|--|-------------------------------------|--|--|---|
| Name of Debter  |  | Case Nu                             | mber   |  |   |
| Name of Debtor<br>USA Commercial Mortgage Co  | ompany   | 06-10                               |  |  |   |
| NOTE See Reverse for List of Debtor<br>This form should not be used to make<br>arising after the commencement of the<br>administrative expense may be filed p | a claim for an administrative exp<br>case A "request" for payment oursuant to 11 U S C § 503 | ense<br>of an                       | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of  |  |   |
| Name of Creditor and Addre  |  |                                     | statement giving particulars   | [  |   |
| Dr. Gary L. Kantor, as Tr<br>Kantor Nephrology Consult<br>Sharing Plan<br>c/o Michael M. Schmahl<br>McGuireWoods LLP<br>77 W. Wacker Drive, Suite             | ants, Ltd., 401(k) Prof  | f<br>it                             | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address of the saddress on the | SECURED INTER  | IS PROOF OF CLAIM FOR A SEST IN A BORROWER THAT IS NOT STORS Bady filed a proof of claim with the |
| Chicago, IL 60601   |  |                                     | envelope sent to you by the  | Bankruptcy Court   | or BMC you do not need to file again  |
| Creditor Telephone Number ( 312   | 849-8100   |                                     | court  | THIS SPAC  | E IS FOR COURT USE ONLY   |
| Last four digits of account or other nur  | nber by which creditor identifies o  | debtor                              | Check here replain on if this claim amer   | , a previousty   | filed claim dated   |
| 1 BASIS FOR CLAIM   |  | Retiree b                           | penefits as defined in 11 U S  | C § 1114(a)  | Unremitted principal  |
| Goods sold  | sonal injury/wrongful death  | Wages :                             | salanes and compensation (   | (fill out below)   | Other claims against servicer   |
| Services performed Tax  |  | Last four                           | digits of your SS #  |  | (not for loan balances)   |
|   | er (describe briefly)<br>Exhibit A   |                                     | compensation for services pe   |  | (date) (date)   |
| 2 DATE DEBT WAS INCURRED  |  | 3 IF C                              | OURT JUDGMENT, DATE (  | OBTAINED   |   |
| 4 CLASSIFICATION OF CLAIM C   | neck the appropriate box or boxes tha  | t best descri                       | ibe your claim and state the amo   | ount of the claim at t                                       | he time case filed  |
| See reverse side for important explanati UNSECURED NONPRIORITY CLAIR  |  |                                     | SECURED CLAIM  |  |   |
| Check this box if a) there is no collat exceeds the value of the property set   | eral or lien securing your claim or b)   | your claim<br>our claim is          | a right of setoff)   |  | red by collateral (including  |
| entitled to priority UNSECURED PRIORITY CLAIM   |  |                                     | Brief description of   |  |   |
| Check this box if you have an unsecu  | red claim all or part of which is  |                                     |  | Motor Vehicle  | e U Other   |
| entitled to priority  | ·  |                                     | Value of Collatera   |  | nt time age filed included in   |
| Amount entitled to priority \$  |  |                                     | Amount of arrearage a secured claim if any   |  | at time case filed included in  |
| Specify the priority of the claim  Domestic support obligations under   | 11 U S C § 507(a)(1)(A) or (a)(1)(B)   | Г                                   | Up to \$2 225* of deposits tow   | vard purchase lease  | e or rental of property or  |
| Wages salaries or commissions (up   | to \$10 000) earned within 180 days  | L<br>S                              | services for personal family   | or household use   | 11 U S C § 507(a)(7)  |
| before filing of the bankruptcy petition business whichever is earlier 11 U   | n or cessation of the debtors  |                                     | Taxes or penalties owed to go Other Specify applicable pa  |  |   |
| Contributions to an employee benefit  |  | L                                   | Other Specity applicable pa<br>* Amounts are subject to adju   |  |   |
|   | · · · · · · · · · · · · · · · · · · ·  |                                     | with respect to cases comme  |  | date of adjustment  |
| 5 TOTAL AMOUNT OF CLAIM \$  | Unliquidated \$  |                                     | \$   |  | \$ Unliquidated   |
| AT TIME CASE FILED  Check this box if claim includes inte   | (unsecured)  | •                                   | secured)<br>Lamount of the claim Attach its  | ( priority)<br>emized statement (                            | (Total) of all interest or additional charges   |
|   |  |                                     |  |  |   |
| 6 CREDITS The amount of all pay 7 SUPPORTING DOCUMENTS running accounts contracts court DOCUMENTS If the documents 8 DATE-STAMPED COPY To proof of claim      | Attach copies of supporting doc  | uments, s<br>agreement<br>documents | uch as promissory notes put<br>ts and evidence of perfections<br>are voluminous attach a su  | rchase orders inv<br>n of lien DO NO<br>ummary               | voices itemized statements of<br>DT SEND ORIGINAL   |
| The original of this completed p  | v received on or before 5 00 pm  | n, prevailli                        | ng Pacific time, on Novemi   | ber 13, 2006   | THIS SPACE FOR COURT USE ONLY   |
| for each person or entity (included overnmental units)  | ding individuals, partnerships,  | corporation                         | ons, joint ventures, trusts a<br>OR OVERNIGHT DELIVERY T   | ind f  | LED JAN 1 3 200   |
| BY MAIL TO<br>BMC Group   | A  | BMC Gr                              | oup  |  |   |
| Attn USACM Claims Docketing C   | enter  |                                     | ACM Claims Docketing Cent<br>st Franklin Avenue  | 761  | USA CMC   |
| El Segundo CA 90245-0911  |  |                                     | ndo CA 90245   | <del>, ,</del> |   |
| 1   | nd punt the name and title If any of this claim (attach copy of power of atto                | mey If any)                         | The new 7. Hale  | The Sent / Ph  | 1072502311  |
| 1/12/07 Dr. (Cons.)   | Gary Kantor, as Trustee  | rofit S                             | e beneskt of Kantor<br>haring Plan by Micha  | nephrology<br>nel M. Schmal                                  | di Esq.   |

|  | PRO                                       | OOF OF CLAIM   |   | IIII IIII IIII IIII IIII IIII IIII IIII IIII  |
|--|---|--|---|---|
| Name of Debtor   | Case Nu                                   | mber   | Schedule/Claim ID   |   |
| USA Commercial Mortgage Company  | 06-107                                    | 725-LBR  | Amount/Classificat<br>\$1 359 49 Unsecu   |   |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503   | ense<br>of an                             | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of  | The amounts reflec  | ted above constitute your claim as  |
| FARRAH M HOBBS REVOCABLE TRUST DATED 3/12/04 C/O FARRAH M HOBBS TRUSTEE 3010 PARCHMENT CT LAS VEGAS NV 89117-2557  Creditor Telephone Number (72) 2 367-7639   | 000556                                    | statement giving particulars  Check box if you have never received any notices from the bankruptcy court or  | you agree with the other claim against this proof of claim E if the amounts shi Unliquidated or Diffied if you have alre Bankruptcy Court | ebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies   | debtor                                    | Check here replace of this claim american  | . a previously  | filed claim dated   |
| 1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Services performed Taxes  Money loaned Other (describe briefly)   | ] Wages<br>Last fou                       | benefits as defined in 11 U S<br>salaries and compensation (<br>r digits of your SS #<br>compensation for services pe  | fill out below)   | Unremitted principal  Other claims against servicer (not for loan balances)  to   |
| 2 DATE DEBT WAS INCURRED  -  - 2006  | 3 IF C                                    | OURT JUDGMENT, DATE O  | BTAINED   | (nate) (nate)   |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations  |   | nbe your claim and state the amo   |   | ne time case filed  |
| UNSECURED NONPRIORITY CLAIM \$ 5000 C  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yountted to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ) your claim<br>our claim is              | a right of setoff) Brief description of Real Estate Value of Collateral  | collateral Motor Vehicle  | ed by collateral (including  Other  at time case filed included in  |
| Specify the priority of the claim  |   | secured claim if any   |   | CT THIS SEED THE  |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)   | • <u> </u>                                | Up to \$2 225° of deposits town services for personal family of Taxes or penalties owed to go Other Specify applicable par *Amounts are subject to adjust the respect to cases commercially. | or household use 1<br>overnmental units 1<br>agraph of 11 U S C<br>stment on 4/1/07 an  | 1 U S C § 507(a)(7)<br> 1 U S C § 507(a)(8)<br>  § 507(a) ()<br>  d every 3 years thereafter  |
| 5 TOTAL AMOUNT OF CLAIM \$ 50,000 \$   |   | \$   |   | \$ 50,000   |
| AT TIME CASE FILED (unsecured)   |   | secured)   | ( pnonty)   | (Total)   |
| Check this box if claim includes interest or other charges in addition to the  |   |  |   |   |
| 6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the  | <u>uments.</u> s<br>agreemen<br>documents | uch as promissory notes pur<br>ts and evidence of perfection<br>s are voluminous attach a su   | chase orders inv<br>n of lien DO NO<br>mmary  | oices itemized statements of<br>T SEND ORIGINAL   |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim   | e filing of                               | your claim enclose a stampe  | d self-addressed  | envelope and copy of this   |
| The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO   | n, prevailu<br>corporatio                 | ng Pacific time, on Novemb<br>ons Joint ventures, trusts a   | er 13, 2006<br>nd   | THIS SPACE FOR COURT<br>USE ONLY  |
| By MAIL TO<br>BMC Group<br>Attn USACM Claims Docketing Center<br>P O Box 911<br>El Segundo CA 90245-0911   | Attn US/<br>1330 Eas<br>El Segun          | OR OVERNIGHT DELIVERY TO<br>JUD<br>ACM Claims Docketing Cente<br>st Franklin Avenue<br>ado CA 90245  |   | FILED JAN 16 200  |
| DATE SIGN and print the name and title if any of the claim (attach copy of power of attor  |   | 2  | 152 AND 2571  | USA CMC   |

| •  | PRC            | OOF OF CLAIM  |                                  |   |
|--|----------------|---|----------------------------------|---|
| Name of Debtor   | Case Nu        | mber  |                                  |   |
|  |                |   |                                  |   |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment | pense<br>of an | Check box if you are aware that anyone else has                 |                                  |   |
| administrative expense may be filed pursuant to 11 U S C § 503   |                | filed a proof of claim relating<br>to your claim Attach copy of |                                  |   |
| Name of Creditor and Address. 1132124100710  | va l           | statement giving particulars                                    |                                  |   |
| GLORIA CHERRINGTON   | ~              | Check box if you have never received any notices                |                                  |   |
| TRUSTEE OF THE GLORIA N CHERRINGTON  |                | from the bankruptcy court or<br>BMC Group in this case          |                                  | IS PROOF OF CLAIM FOR A<br>LEST IN A BORROWER THAT IS NOT                 |
| TRUST DATED OCT 13 2004<br>350 E DESERT INN RD APT E204  |                | Check box if this address                                       | ONE OF THE DE                    |   |
| LAS VEGAS NV 89109-9007  |                | differs from the address on the                                 |                                  | sady filed a proof of claim with the or BMC you do not need to file again |
| Creditor Telephone Number ( )  |                | envelope sent to you by the court.                              |                                  | E IS FOR COURT USE ONLY   |
| Last four digits of account or other number by which creditor identifies   | debtor         | Check hers replace  | <ul> <li>a previously</li> </ul> | filed claim dated   |
| 1. BASIS FOR CLAIM   | 1 в            | amen  | eds                              | I [promitted renewal  |
| T. BASIS FOR CLAIM  Goods sold  Personal injury/wrongful death   | _              | benefits as defined in 11 U.S.                                  | •                                | Unremitted principal  Other claims against servicer                       |
| ☐ Services performed ☐ Taxes   | _              | salanes, and compensation (<br>r digits of your SS #            | JUL UDIUW)                       | (not for loan balances)   |
| ☐ Money loaned ☐ Other (describe briefly)  |                | compensation for services pe                                    | rformed from                     | to  |
| 2 DATE DEPT WAS INVIDUED   | 2 F 4          | OURT JUDGMENT, DATE O   | RTAILED                          | (date) (date)   |
| 2. DATE DEBT WAS INCURRED  4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes the   |                |   |                                  | hé time case filed  |
| See reverse side for important explanations  |                | SECURED CLAIM   |                                  |   |
| UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no colleteral or lien securing your claim, or by   | ) Water olaim  | [1] Chark this hav if u   | our claim is secui               | red by collateral (including  |
| exceeds the value of the property securing it, or if c) none or only part of y   | our claim is   | a ngnt or seton)  | }                                |   |
| entitled to priority UNSECURED PRIORITY CLAIM  |                | Brief description of  | _                                | . П очет  |
| Check this box if you have an unsecured claim, all or part of which is   |                | Real Estate   | <del></del>                      | Other   |
| entitled to priority  Amount entitled to priority  |                | Value of Collateral  Amount of arrearage a                      | ·                                | at time case filed included in  |
| Specify the priority of the claim  |                | secured claim, if any   |                                  | THE PERSON HIST WINDOW III  |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  | <b>—</b>       | Up to \$2,225" of deposits town                                 |                                  |   |
| Weges, salanes, or commissions (up to \$10 000)* earned within 180 day before fling of the bankruptcy petition or cessation of the debtor's  | rs             | services for personal, family of Taxes or penalties owed to go  |                                  |   |
| business, whichever is earlier - 11 U S C § 507(a)(4)  | F              | Taxes or penalties owed to go  Other - Specify applicable par   |                                  |   |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5)   | <b>3</b>       | * Amounts are subject to adju-<br>with respect to cases commer  | stment on 4/1/07 a               | nd every 3 years thereafter   |
| 5 TOTAL AMOUNT OF CLAIM \$ \$  | <del></del>    | \$  | alta uid                         | \$  |
| AT TIME CASE FILED (unsecured)   | (              | (secured)   | ( pnonty).                       | (Total)   |
| Check this box if claim includes interest or other charges in addition to  | the principal  | amount of the claim Attach its                                  | mized statement o                | of all interest or additional charges                                     |
| 6 CREDITS The amount of all payments on this claim has been cre  |                |   |                                  |   |
| 7. SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the | agreemen       | its, and evidence of perfection                                 | n of lien DO NO                  | roices, itemized statements of<br>IT SEND ORIGINAL                        |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim   |                |   | •                                | d envelope and copy of this   |
| The original of this completed proof of claim form must be set   |                |   |                                  | THIS SPACE FOR COURT  |
| ACCEPTED) so that it is actually received on or before 5 00 pr<br>for each person or entity (including individuals, partnerships,  |                |   |                                  | USE ONLY  |
| governmental units). BY MAIL TO BMC Group  | BY HAND        | OR OVERNIGHT DELIVERY TO  | o                                |   |
| Attn USACM Clarms Docketing Center   |                | AČM Claims Docketing Cente                                      | er .                             |   |
| P O Box 911<br>El Segundo, CA 90245-0911   |                | st Franklin Avenue<br>ndo, CA 90245                             | C                                | LED SEP 29 2006   |
| DATE SIGN and print the name and title if any of   | the creditor o | or other person authorized to file                              |                                  |   |
| the claim (attach copy of power of atto  | отпеу и апу)   | ı   |                                  | USA CMC   |
| Canada for appropriate fourth last closes in a fine of us to \$500,000 or impressor  | and for on 4-  | Kunga ochalb 19119C SS  | 152 AND 2574                     | L   |

| UNITED STATE ODSTRI  | S BANKON PEY COURT   | PROOF OF CLAIM                              |  | 1 1 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3  | AIM IS SCHEDULED AS   |
|--|--|---|--|--|---|
| Name of Debtor   |  | Case Nu                                     | mber   | Schedule/Clasm   |   |
| USA Commercial M   | ortgage Company  | 06-107                                      | 725-LBR  | \$5 438 01 Unsec   |   |
| This form should not be used arising after the commencement administrative expense may be not considered to the commencement of the commencement o | MBERGER & GENENE M  NGS DR APT 2044  | of an                                       | Check box if you are aware that anyone else in filed a proof of claim retar to your claim. Attach constatement giving particular Check box if you have never received any notice from the bankruptcy cour BMC Group in this case.  Check box if this acse.  Check box if this case, of the found in the case of the country of th | The amounts refle scheduled by the scheduled by the you agree with the other claim again this proof of claim of the amounts si Unliquidated or i filed | ected above constitute your claim as Debtor or pursuant to a filed claim. If a amounts set forth herein, and have no st the Debtor you do not need to file EXCEPT as stated below hown above are listed as Contingent, Disputed, a proof of claim must be ready filed a proof of claim with the tor BMC you do not need to file again |
| Creditor Telephone Number (  | )  |   | court.   | THIS SPA   | CE IS FOR COURT USE ONLY  |
|  | other number by which creditor identifies  | debtor                                      | Check here Infithus claim  | replaces<br>or a previousl<br>amends   | y filed claim dated   |
| 1 BASIS FOR CLAIM  |  | Retiree t                                   | enefits as defined in 1  | 1 U S C § 1114(a)  | Unremitted principal  |
| Goods sold Services performed  | Personal injury/wrongful death Taxes   | Wages                                       | salanes and compens<br>digits of your SS #   |  | Other claims against service (not for loan balances)  |
| Money loaned   | Other (describe briefly)   |   | compensation for service   | ces performed from   | to(date)  |
| 2 DATE DEBT WAS INCUR  | RED  | 3 IF C                                      | OURT JUDGMENT, D   | ATE OBTAINED   | (oate)  |
|  | AIM Check the appropriate box or boxes that  | best descrit                                | e your claim and state the   | amount of the claim at th  | e time case filed   |
| See reverse side for important of  |  |   | SECURED CLAI   | M  |   |
| UNSECURED NONPRIORIT   | no collateral or lien securing your claim or b) y  | our claum                                   | Check this be  | ox if your claim is seci   | red by collateral (including  |
| exceeds the value of the pro   | perty securing it or if c) none or only part of you  | ır claım ıs                                 | a right of sets  | •  |   |
| entitled to priority UNSECURED PRIORITY CL   | AIM .  |   | ·  | tion of collateral   | parang .  |
| <u></u>  | n unsecured claim all or part of which is  |   | Real Esta  Value of Colt   |  | e Li Other  |
| Amount entitled to priority  Specify the priority of the clair   | \$   |   | Amount of arrear<br>secured claim, if  | age and other charges<br>any: \$   | s at time case filed included in  |
| proved   | s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)   |   | Up to \$2,225* of deposa   | ts toward purchase, lease  | or rental of property or  |
| before filling of the bankrupto  | sions (up to \$10 000)* earned within 180 days<br>y petition or cessation of the debtor's  |   | services for personal fa   | unity or household use -1<br>d to governmental units -   | 1 U S C § 507(a)(7)   |
| business whichever is earlie   |  |   | Other - Specify applicab   | ole paragraph of 11 USC  | § 507(a) ()   |
| Continuonons to an employer  | e benefit plan - 11 USC § 507(a)(5)  |   |  | o adjustment on 4/1/07 ar<br>ommenced on or after the  | nd every 3 years thereafter<br>date of adjustment   |
| 5 TOTAL AMOUNT OF CLA  | M \$\$   |   | \$   |  | \$  |
| AT TIME CASE FILED   | (unsecured)  | (s  | ecured)  | ( poority)   | (Total)   |
| Check this box if claim inclu  | des interest or other charges in addition to the   | ne principal                                | amount of the claim Att  | ach itemized statement   | of all interest or additional charges   |
| 7 SUPPORTING DOCUM<br>running accounts, contract<br>DOCUMENTS If the docu  | all payments on this claim has been cre  ENTS <u>Attach copies of supporting docases</u> , court judgments mortgages security  ments are not available, explain. If the  To receive an acknowledgment of the | <i>uments,</i> su<br>agreement<br>documents | sch as promissory notes<br>ts and evidence of per<br>are voluminous, attac   | s purchase orders, in<br>fection of lien DO N<br>h a summary   | voices itemized statements of<br>OT SEND ORIGINAL   |
| ACCEPTED) so that it is  | oleted proof of claim form must be ser<br>actually received on or before 5 00 pm<br>(including individuals, partnerships,  | ı, prevaili                                 | ng Pacific time, on No   | ovember 13, 2006   | THIS SPACE FOR COURT USE ONLY   |
| governmental units) BY MAIL TO BMC Group   | functioning mutationals, barmerships,  | -   | OR OVERNIGHT DELIVE  |  | FILFD OCT 2 4 2006  |
| Attn USACM Claims Dock   | keting Center  | Attn USA                                    | CM Claims Docketing  | Center   |   |
| P O Box 911<br>El Segundo, CA 90245-09   | 11   |   | t Franklin Avenue<br>do, CA 90245  |  | USA CMC   |
|  | SIGN and print the name and title if any of the  | creditor or                                 |  | file   | 1072500764  |
| 10-20-06   | this claim (attach copy of power of attorn   | ey if any)                                  |  |  |   |

|  | PROOF OF CLAIM                  |  |  |  |  |
|--|---------------------------------|--|--|--|--|
| Name of Debtor   | Case Number                     |  | 4  |  |  |
| USA COMMERCIAL MORTGAGE COMPANY  |                                 | ···-   |  |  |  |
| NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.   |                                 | Check box if you are aware that anyone else has filed a proof of claim relating to                                     |  |  |  |
| Name of Creditor and Address  JAMES H. LIDSTER FAMILY TRUST  DATED 1/20/92   |                                 | your claim. Attach copy of statement giving perticulars  Check box if you have never received any notices              |  |  |  |
| CO TAMES H LIDSTER & PHYLLUS M LIDST<br>TRUSTEES<br>PO BOX 2577  | rer                             | from the bankruptcy court or<br>BMC Group in this case<br>Check box if this address<br>differs from the address on the | SECURED INTER<br>ONE OF THE DE   | IS PROOF OF CLAIM FOR A MEST IN A SORROWER THAT IS NOT STORE.  Hedy fied a proof of claim with the |  |
| MINDEN, NV 894R3   |                                 | envelope sent to you by the court.   |  | or BMC you do not need to file again<br>E IS FOR COURT USE ONLY                                    |  |
| Creditor Telephone Number (175) 3-67 9944  Last four digits of account or other number by which creditor identifies o  | debtor                          | Check here repla   | ces a previously   | filed claim dated  |  |
| 1 BASIS FOR CLAIM  | Retiree t                       | enefits as defined in 11 U S   | C § 1114(a)  | Unremitted principal   |  |
| Goods sold Personal injury/wrongful death Services performed Taxas   | · •                             | salanes and compensation digits of your SS#  | (fill out below)   | Other claims against servicer (not for loan balances)  |  |
| Money loaned Other (describe briefly)  SCE ENHIBIT A   | Unpaid o                        | ompensation for services p   | erformed from  | to   |  |
| 2. DATE DEBT WAS INCURRED  | 3 F C                           | OURT JUDGMENT, DATE  | DBTAINED   | (date) (date)  |  |
| 4. CLASSIFICATION OF CLASS Check the appropriate box or boxes that   |                                 |  |  | he time case filed   |  |
| UNSECURED NONPRIORITY CLAIM \$ 603,096 2.9  Check this box if a) there is no colleteral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of younsecured to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)   |                                 | a right of setoff)  Brief description of Real Estate  Value of Collatera   | f collateral  Motor Vehicle  S <u>UNIX</u> and other charges  S 7,171 90 | at time case filed included in   |  |
| Wages saleries or commissions (up to \$10 000)* earned within 180 days   |                                 | services for personal family   | or household use 1   | 1 U S C § 507(a)(7)  |  |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is seriler - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)   |                                 | Taxes or penalties owed to g  Other Specify applicable pa  *Amounts are subject to adju with respect to cases comme    | ragraph of 11 U S C  | § 507(a) ( ) ad every 3 years thereafter   |  |
| S TOTAL AMOUNT OF CLAIM \$ 602,096 29 \$   | 602,                            | 096 29 \$  | indea on or aner are   | \$ 602.096 29  |  |
| AT TIME CASE FILED (unsecured)   |                                 | secured)   | ( priority)  | (Total)  |  |
| Check this box if claim includes interest or other charges in addition to the  | ne principal                    | amount of the claim Attach it  | emized statement o   | f all interest or additional charges   |  |
| 8. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not evaluable explain. If the documents are voluminous attach a summary 8. DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. |                                 |  |  |  |  |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)  BY MAL TO   | , prevallin<br>corporatio       | g Pacific time, on Novemb  | er 13, 2006<br>and   | THIS SPACE FOR COURT<br>USE ONLY   |  |
| BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911  | BMC Gro<br>Attn USA<br>1330 Eas |  | er<br>F11  | ED JAN 1 2 2007  |  |
| DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney. If any)   |                                 |  |  |  |  |
| 10/07 Andlew M. Riste  | N, W                            | Trustee  |  | USA CMC  |  |
| Penalty for presenting freudulent claim is a fine of up to \$500 000 or imprisonme   |                                 |  | 152 AND 3571   | 1072502256   |  |

|  | PRC   | OF OF CLAIM   | I   |   |
|--|---|---|---|---|
| Name of Debtor   | Case Nu                                       | mber  |   |   |
| USA Commercial Mortgage Company  | 06-10   |   |   |   |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503   | pense<br>of an                                | Check box if you are aware that anyone else has filed a proof of claim relating your claim. Attach copy of  | 10  |   |
| Name of Creditor and Address  Dr. Gary L. Kantor c/o Michael M. Schmahl McGuireWoods LLP 77 W Wacker Drive, Suite 4100 Chicago, IL 60601   |   | statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address | SECURED INTER                                   | IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT STORS Bady filed a proof of claim with the |
|  |   | differs from the address on to<br>envelope sent to you by the<br>court  | Bankruptcy Court                                | or BMC you do not need to file again E IS FOR COURT USE ONLY                                      |
| Creditor Telephone Number (312) 849-8100  Last four digits of account or other number by which creditor identifies   | debtor  |   |   | ENTONOUNT OF CHET   |
| Lest four digits of account of outer fruither by which decide identifies   |   | Chack liefe   | or a previously<br>nends                        | filed claim dated   |
| 1 BASIS FOR CLAIM  | Retiree b                                     | enefits as defined in 11 U  | SC § 1114(a)                                    | Unremitted principal  |
| Goods sold Personal injury/wrongful death Taxes  | 4 -   | salanes and compensation digits of your SS #  | n (fiil out b <del>elow</del> )                 | Other claims against servicer (not for loan balances)   |
| Money loaned  X Other (describe briefly) See Exhibit A   |   | compensation for services   | performed from                                  | (date) to   |
| 2 DATE DEBT WAS INCURRED   | 3 IF C  | OURT JUDGMENT, DAT  | E OBTAINED                                      | (date)  |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the   |   |   |   | he time case filed  |
| See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ Unliquidated  Check this box if a) there is no collateral or lien securing your claim or b   | ) your claim                                  | <u> </u>  | •   | red by collateral (including  |
| exceeds the value of the property securing it or if c) none or only part of yentitled to pnority   | our claim is                                  | a right of setoff) Brief description  |   |   |
| UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is  |   | Real Estate   | Motor Vehicle                                   | Other   |
| entitled to priority  Amount entitled to priority  \$  |   | Value of Collate  |   | at time case filed included in  |
| Specify the priority of the claim  |   | secured claim if an   | y <b>\$</b>                                     |   |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000) earned within 180 day  | , L   | Up to \$2 225 of deposits services for personal familiary   | loward purchase lease<br>ly or household use 1  | or rental of property or<br>11 U.S.C. § 507(a)(7)   |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)   | L   | Taxes or penalties owed to<br>Other Specify applicable  | -   | 1   |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5)   |   |   | djustment on 4/1/07 ai                          | nd every 3 years thereafter   |
| 5 TOTAL AMOUNT OF CLAIM \$ Unliquidated \$   |   | \$  | monder on or enter the                          | \$ Unliquidated   |
| AT TIME CASE FILED (unsecured)   | (:  | secured)  | ( pnonty)                                       | (Total)   |
| Check this box if claim includes interest or other charges in addition to  | the principal                                 | amount of the claim Attack  | n itemized statement o                          | of all interest or additional charges   |
| 6 CREDITS The amount of all payments on this claim has been on 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts, court judgments, mortgages security DOCUMENTS if the documents are not available explain if the B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | c <u>uments,</u> si<br>agreement<br>documents | uch as promissory notes<br>is and evidence of perfec<br>are voluminous attach a   | purchase orders, invition of lien DO NC summary | voices itemized statements of<br>OT SEND ORIGINAL   |
| The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships,   | m, prevalli:                                  | ng Pacific time, on Nove  | mber 13, 2006                                   | THIS SPACE FOR COURT USE ONLY   |
| governmental units) BY MAIL TO BMC Group   | BY HAND<br>BMC Gro                            | OR OVERNIGHT DELIVER  | <i>г</i> то                                     |   |
| Attn USACM Claims Docketing Center P O Box 911   | Attn US/<br>1330 Eas                          | ACM Claims Docketing Co<br>st Franklin Avenue   | enter   | USA CMC   |
| El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of this claim (attach copy of power of attach.)   | the creditor o                                | or other person authorized to   |   | 1072502325  |
| 1/12/07 Gary L Kantor, M.D., by I  |   |   | with authority                                  | p   |

| Name of Debtor  USA Cossercial Mortgage Company  O6-10725  Case Number  O6-10725  Name of Creditor and Address  Last for should not sured to make a clean for an additional manufacture and the sured and an address  Lym J. Kantor FA/A Lym Maguire  C/O McChael N. Schmabl.  T/N R. Racker Dr.Lve, Suttle 4100  Chickingo, IL 6661  Last four Glass of Case State of Case St         |   |  |   | · · · . · . · . · .   | <del></del>  |   |
|--|---|--|---|---|--|---|
| USA Commercial Nortgage Company  OG-10725  NOTE See Reverse for Last of Debtors and Case Numbers The form should not be used to make a cleam for an administrative expenses along after the case A "request" to prevent of an analysing after the contenses on the first case. A "request for programmor of an analysing after the contenses on the debtors  Name of Creditor and Address  Lym N. Kantor *£/k. Lymn Reguize  Co Michael N. Schnabl.  N. Kantor *£/k. Lymn Reguize  Co Michael N. Schnabl.  N. Schna         |   |  | PRO   | OOF OF CLAIM  |  |   |
| NOTE: See Reverse for Just of Debton and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for poyment of a administrative expense may be feel pursuant to 11 S C § 503 Name of Creditor and Address Lyrm. N. Kantor £f/£ Lyrm. Naguire c/o Michael N. Schmahl. RCOILE/BOODS LLP TN. Ranctor Eury, Suite 4100 Chicago, TL 5000 Ch         | Name of Debtor  | Case Number  |   | 7   |  |   |
| This born should not be used to make a claim for an administrative expense analysis gather the commencement of the case A "request" for peryment of an administrative expense may be fised persuant to 11 U.S.C. § 503  Name of Creditor and Address  Lyym N. Kantor £/k3 Lym Naguire  c/o Michael N. Schmahl  ROGULT-RROODS LLP  TY. R. Racker Drive, Suite 4100  Chicago, IL 50601  Chicago, IL 50601  Satisfaction of the second of the commencement of the second of the commencement of the second of t         | USA Commercial Mort   | gage Company   | 06  | -10725  |  |   |
| Name of Creditor and Address  Sym M. Kantos of E/As Lym Naguire  C/o Michael M. Schmahl  RoduireRooks LiV.  77 W. Racker Drive, Suite 4100  Chicago, IL 6061  Creditor Telephone Number (3)2 849-1800  Last four digits of account or other number by which creditor identifies debtor  Creditor Telephone Number (3)2 849-1800  Last four digits of account or other number by which creditor identifies debtor  Goods sold  Personal ayun/wrongful death Good         | This form should not be used arising after the commencen                          | d to make a claim for an administrative exp<br>nent of the case A "request" for payment  |   | aware that anyone else has<br>filed a proof of claim relating   | 10   |   |
| Co Mitchael M. Schmahl   | Name of Creditor and  | l Address  |   |   |  |   |
| Creditor Telephone Number (31): 849-1800   Check here   replaces   previously filed claim dated   Check here   replaces   previously filed claim services   Check here   replaces   previously filed claim   Previously   Check here   replaces   previously filed claim   Previously   Check here   replaces   Previously   Check here   replaces   Previously   Check here   Previously   P           | c/o Michael M. Schr<br>McGuireWoods LLP<br>77 W. Wacker Drive                     | nahl   |   | never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address | SECURED INTER<br>ONE OF THE DE<br>If you have ain  | REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the |
| Sasis FOR CLAIM  | San Market Market   | / 217 040 1000   |   |   |  |   |
| BASIS FOR CLAIM  |   |  | debtor                                      |   |  | E 19 FOR COURT USE ONLT   |
| Goods sold   Personal injurytwrongful death   Taxes   Charles performed   Taxes   Charles performed   Taxes   Charles   Charle         |   | Valor Harrison Sy William Valoriton (Continued   |   | if this claim ame   | or a previously<br>ends  | filed claim dated   |
| Sarvices performed   Taxes   Last four digits of your SS #   Unpaid compensation for services performed from   Los (date)  |   |  | Retiree t                                   | penefits as defined in 11 U   | SC § 1114(a)   |   |
| Money loaned   See Exhibit   Differ (describe brefly)   Unpaid compensation for services performed from   (date)   |   |  |   | ·   | (fill out below)   | Other claims against servicer (not for loan balances)                     |
| 2 DATE DEST WAS INCURRED  3 IF COURT JUDGMENT, DATE OBTAINED  4 CLASSIFICATION OF CLAIM  5 See reverse side for important explanations  Win1quidated  Win1quidated  Win1cut districts or by our claim and state the amount of the claim at the time case filed  Sec unverse side for important explanations  Win1quidated  Win1quidated  Check this box if your claim is secured by collateral (including a right of selectf)  Brief description of collateral  Win5curred priority  Win5curred priority  Win5curred priority  Win5curred priority  Amount entitled to priority  Wages starles or commissions (up to \$10 000)* earned within 180 days secured within 180 days business whichever is earlier 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages starles or commissions (up to \$10 000)* earned within 180 days business whichever is earlier 11 U S C § 507(a)(1)  Contributions to an employee benefit plan 11 U S C § 507(a)(1)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(1)  Check this box if claim includes inferest or other charges in addition to the principle of the deletion of the        | 1 = ' '   |  |   | •   | performed from   | to  |
| CLASSIFICATION OF CLAIM   Serverse side for important explanations   Unliquidated   Unliquidat           | A DATE DEST WAS INCHE   |  | 12 IS C                                     | OUDT HIDGMENT DATE  | ORTAINED   | (date) (date)   |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or item securing your claim or b) your claim is entitled to printy UNSECURED PRIORITY CLAIM Check this box if a) there is no collateral or item securing your claim or b) your claim is entitled to printy UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to printy Amount entitled to printy Amount entitled to printy Specify the printy of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) reamed within 180 days before fining of the bankupty petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  Taxes or penalties owned to governmentel units 11 U.S.C. § 507(a)(7) Amounts are subject to adjustment on 47/07 and every 3 years thereafter with respect to cases commission or or after the date of adjustment Total Amounts of claim includes interest or other charges in addition to the principal amount of the claim Atlach temized statement of all interest or additional charges  CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Total CASE FILED To Counter the day of the claim of the comments are voluminous attach a summary  B DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim is secured by collateral  Check this box if claim includes interest or other charges in addition to the principal amount of the claim Atlach temized statement of all interest or additional charges  CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  The original of this completed proof of claim from must be seen thy mail or hand delivered (FAXES NOT  The original of this completed proof of claim from must be seen thy mail or hand delivered (F        |   |  |   |   |  | he time case filed  |
| UNSECURED NONPRIORITY CLAIM  Check this box if a) there is no collateral or lien securing your claim or b) your claim sentitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* sarred within 180 days before fling of the behindry perton or creases and of the debtor's before fling of the behindry perton or creases and of the debtor's bourness whichever is earlier 11 U.S.C. § 507(a)(5)  Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(7)  Amounts are subject to adjustment on 47/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or A7/07 an        |   | t explanations   |   |   |  |   |
| exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Amount of arrearage and other charges at time case filled included in secured claim. If any \$  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days business whichever is earlier 11 U S C § 507(a)(1)  Contributions to an employee benefit plain 11 U S C § 507(a)(5)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(1)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach femiced statement of all interest or additional charges  Check this box if claim includes interest or other charges in addition to the principal amount of the claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS attach coopes of supporting documents, such as promissory notes, purchase orders invoices itemized statements of nurning accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien Do Not SEND ORIGINAL DOCUMENTS it the documents are not available explain if the documents are voluminous attach a summary  3 DATE-STAMPED COPY  To receive an acknowledgment of the flight of your claim enclose a stamped self-addressed envelope and copy of this proof of claim  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 6 00 pm, prevailing Pacific time, on November 13, 2007  BY MAIL TO BMC Group  Attributed to proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 6 00 pm, prevailing Pacific time, on November 1       | -   | IT CLAIM 1   |   |   | your claim is secu   | red by collateral (including  |
| UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priorty  Amount entitled to priorty  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Defore filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(1)  Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(6)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement         | exceeds the value of the p  | is no collateral or iten securing your claim or b)<br>roperty securing it or if c) none or only part of yo                       | your claim<br>our claim is                  | a nght of setoff)   |  |   |
| Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount of arrearrage and other charges at time case filled included in secured claim if any \$  Specify the priority of the alaim  Domestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankingtop bettion or recessation of the debtor's business whichever is earlier 11 U.S.C. \$507(a)(4)  Contributions to an employee benefit plan 11 U.S.C. \$507(a)(5)  Total AMOUNT OF CLAIM \$ Unliquidated \$  AT TIME CASE FILED (secured) (secured) (secured) (secured) (priority) (footal)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach flemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS Attach coopes of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages security gereements and evidence of perfection of lien. Do NOT SEND ORIGINAL.  DOCUMENTS if the documents are not available explain if the documents are voluminous attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filling of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on N |   | AIM  |   | Brief description   | of collateral  |   |
| Amount entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Defore filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3) Contributions to an employee benefit plan 11 U S C § 507(a)(5) Total amount of air paragraph of 11 U S C § 507(a)(6) Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Total amount of claim Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach demized statement of all payments on this claim has been credited and deducted for the purpose of making this proof of claim TS UPPORTING DOCUMENTS Affach cooks of supporting documents, such as promissory notes, purchase orders invoices temized statements of nurning accounts, contracts court judgments mortages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary  B DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim  BY SAND TO SEND ORIGINAL  THIS SPACE FOR COURT ACCEPTED) to that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2005  BY CALD.  BY CARD.  Sign and print the name and title if any of the creditor or other person authorized to file  TUSA CMC  Sign and print the name and title if any of the creditor or other person authorized to file  Sign and print the name and title if any of the creditor or other person authorized to file  Sign and print the name and title if any of the creditor or other person authorized to file  Sign and print the name and title if any of the creditor or other person authorized to file  Sign and print the name and title if any of the creditor or other person authorized to file  Sign and print the name and title if any of the creditor         | <u></u>   |  |   | Real Estate   | ☐ Motor Vehicle  | Other   |
| Specify the pnority of the claim    Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)   Up to \$2.225" of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)    Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)   Other Specify applicable paragraph of 11 U S C § 507(a)(5)   Taxes or pensiles owned to governmental units 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(7)   Amounts are subject to adjustment on 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or 47/107 and every 3 years thereafter with respect to cases commenced on or after the       | 1   |  |   | Value of Collater   | al \$  |   |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to §10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(b)  Other Specify applicable paragraph of 11 U S C § 507(a)(c)  Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment and till used to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of till unsecured)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach themized statement of all interest or additional charges.  CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  SUPPORTING DOCUMENTS Attach coopes of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL.  DOCUMENTS if the documents are not available explain if the documents are voluminous attach a summary.  DATE—STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) as that it is actually received on or before 500 pm, prevailing Pacific time, on November 13, 2006  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) as that it is actually received on or before 500 pm, prevailing Pacific time, on November 13, 2007  ENG Group  Attributions.  BY HAND OR OVERNIGHT D         |   |  |   | Amount of arrearage secured claim if any  | and other charges  | at time case filed included in  |
| before filing of the bankuptory petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Other Specify applicable paragraph of 11 U S C § 507(a)(6)  Amounts are subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respect to case subject to adjustment on 4/107 and every 3 years thereafter with respe         | 1 · · · · ·   |  |   |   |  |   |
| business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Amounts are subject to adjustment on 47/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of 47/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or affer the date of adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years thereafter with respect to cases commenced on or adjustment of A7/107 and every 3 years          | Wages salaries or comm  | issions (up to \$10 000)* earned within 180 days   | _<br>                                       | •   |  | •, ,  |
| Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  5 TOTAL AMOUNT OF CLAIM \$ Unliquidated \$ \$ \$ Unliquidated \$ \$ \$ Unliquidated \$ \$ \$ Unliquidated \$ \$ \$ \$ \$ \$ Unliquidated \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | business whichever is ear   | ticy petition or cessation of the deptors<br>lier 11 U S C § 507(a)(4)   | <u> </u>                                    | •   | -  |   |
| TOTAL AMOUNT OF CLAIM \$ Unliquidated \$ \$ \$ \$ Unliquidated \$ \$ \$ \$ Unliquidated \$ \$ \$ \$ \$ Unliquidated \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | Contributions to an employ  | yee benefit plan 11 USC § 507(a)(5)  | L_  |   |  |   |
| AT TIME CASE FILED  (unsecured)  (secured)  (secured)  (pnority)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL. DOCUMENTS if the documents are not available explain if the documents are voluminous attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) as that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2005.  This space for court ACCEPTED as that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2005.  BY MAIL TO BMC Group  Attn USACM Claims Docketing Center  P O Box 911  El Segundo, CA 90245-0911  BIGN and print the name and title if any of the creditor or other person authorized to file  this claim (stach copy of powers) attorney if Aury.  1/12/07   |   |  |   |   | enced on or after the  |   |
| CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain if the documents are voluminous attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  8 Y HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn. USACM Claims Docketing Center  P O Box 911  El Segundo, CA 90245-0911  SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of owers of storney if AV).  1/12/07   |   | · · · · · · · · · · · · · · · · · · ·  |   |   | (t-)   |   |
| 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL. DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on November 13, 2005 FOR COURT ACCEPTED) so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on November 13, 2005 FOR COURT ACCEPTED so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on November 13, 2005 FOR COURT ACCEPTED so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on November 13, 2005 FOR COURT ACCEPTED so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on November 13, 2005 FOR COURT ACCEPTED so that it is actually received on or before \$ 00 pm, prevailing Pacific time, on November 13, 2005 FOR COURT ACCEPTED SO THE SEQUENCE TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245 FOR COURT ACCEPTED JAN 1 3 2007 El Segundo, CA 90245-0911 El Segundo CA 90245-0911 USA CMC USA CMC this claim (attach copy of powers) attorney if Any)   | Check this box if claim inc   |  | •   | •   |  | · ·   |
| ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY MAND OR OVERNIGHT DELIVERY TO BMC Group  Attn USACM Claims Docketing Center  P O Box 911  El Segundo, CA 90245-0911  DATE  SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attoms)  USA CMC  USA CMC  | 7 SUPPORTING DOCU running accounts, contra DOCUMENTS If the do 8 DATE-STAMPED COF | MENTS <u>Attach copies of supporting doci</u> cts court judgments mortgages security cuments are not available explain. If the c | <u>uments,</u> su<br>agreement<br>documents | ich as promissory notes, pa<br>s and evidence of perfection<br>are voluminous attach a s                  | urchase orders involved the order orders involved the order orders involved the order order order orders involved the order order order orders involved the order orders order order order order order orders order orde | roices itemized statements of<br>IT SEND ORIGINAL                         |
| Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911  Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245  DATE SIGN and print the name and title If any of the creditor or other person authorized to file this claim (attach copy of news of attoney if Any)  1/12/07  Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245  USA CMC USA CMC  | ACCEPTED) so that it is<br>for each person or entit<br>governmental units)        | actually received on or before 5 00 pm   | , prevaillr<br>corporatio                   | ig Pacific time, on Novem<br>ns, joint ventures, trusts   | and FILED  | Nemous 907  |
| P O Box 911 El Segundo, CA 90245-0911  SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of newer of attach copy of new of attach copy of newer of attach copy of new of n         |   | allatara Osatas  |   |   |  |   |
| DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of newspars) attorney if any)  1/12/07  USA CMC   | P O Box 911   | -  | 1330 Eas                                    | t Franklin Avenue   | FILE   | D JAN 1 3 2007  |
| 1/12/07 this claim (attach copy of newer of attach copy of new         |   | V  |   |   |  | USA CMC   |
|  | 1   | this claim (attach copy of nower of attor  | ney ir Any)                                 | ns  |  |   |

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   | PRO                             | OOF OF CLAIM   |                                |  |
|--|---------------------------------|--|--------------------------------|--|
| Name of Debtor   | Case Nu                         | ımher  | 1                              |  |
| USA WMAN erust Hosto age Company  NOTE See Reverse for List of Debtors and Case Numbers  |                                 | 10725-LB12   |                                |  |
| This form should not be used to make a claim for an administrative exp   |                                 | Check box if you are aware that anyone else has  |                                |  |
| arising after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503   | oran<br>                        | filed a proof of claim relating to   |                                |  |
| Name of Creditor and Address PANAGIOTIS DOVANIDIS 4 DIMITE   | ₹4                              | your claim Attach copy of statement giving particulars  Check box if you have  |                                |  |
| TONANIBOU  |                                 | never received any notices from the bankruptcy court or BMC Group in this case   |                                | HIS PROOF OF CLAIM FOR A<br>REST IN A BORROWER THAT IS NOT |
| CLY FADA ATLENS, 16674   |                                 | Check box if this address differs from the address on the  | ONE OF THE DE                  |  |
| (185 CC Creditor Telephone Number ( )01/- 3020 - 96729   | 26                              | envelope sent to you by the court  | 1 ' ' '                        | E IS FOR COURT USE ONLY                                    |
| Last four digits of account or other number by which creditor identifies of  |                                 | Chack hara Treplac   |                                |  |
| 4041   |                                 | if this claim amen   | a previousi                    | y filed claim dated  |
| 1 BASIS FOR CLAIM Personal injury/wrongful death   |                                 | penefits as defined in 11 U S  | •                              | Unremitted principal                                       |
| Services performed Taxes   | _                               | salaries and compensation (  | fill out below)                | Other claims against servicer (not for loan balances)      |
| Money loaned Other (describe briefly)  |                                 | digits of your SS#<br>compensation for services per  |                                | <b> </b>   |
|  |                                 |  |                                | to(date)   |
| 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that   |                                 | OURY JUDGMENT, DATE O  |                                | the time case filed  |
| See reverse side for important explanations  |                                 | SECURED CLAIM  |                                |  |
| UNSECURED NONPRIORITY CLAIM \$   |                                 |  | our claim is secu              | red by collateral (including                               |
| Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo   | your claim<br>our claim is      | a right of setoff)   |                                | 1  |
| entitled to pnority  |                                 | Brief description of   | collateral                     |  |
| UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is  |                                 | Real Estate  | Motor Vehicle                  | e 🔲 Other  |
| entitled to priority   |                                 | Value of Collateral  | s 30                           | 000,00   |
| Amount entitled to priority \$  Specify the priority of the claim  |                                 | Amount of arrearage ar secured claim if any  |                                | at time case filed included in                             |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  |                                 | Up to \$2 225 of deposits town services for personal family of   | ard purchase leas              | e or rental of property or                                 |
| Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  |                                 | Taxes or penalties owed to go  | vernmental units               | 11 USC § 507(a)(8)   |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5)   | L.                              | Other Specify applicable part<br>Amounts are subject to adjust<br>with respect to cases commen   | stment on 4/1/07 a             | nd every 3 years thereafter                                |
| 5 TOTAL AMOUNT OF CLAIM \$ \$  | 30.0                            | OCU OU \$  | and the tree                   | \$ 30,000.00   |
| AT TIME CASE FILED (unsecured)   | (s                              | secured)   | ( priority)                    | (Total)  |
| Check this box if claim includes interest or other charges in addition to the  |                                 |  |                                |  |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the | <i>iment</i> s, su<br>agreement | ich as promissory notes pure<br>s and evidence of perfection   | chase orders in<br>often DO NO | oces itemized statements of                                |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim   | a filing of y                   | rour claim enclose a stamped   | d self addresse                | d envelope and copy of this                                |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of  | prevailin                       | ig Pacific lime un Novembi   | ell_ le                        | THIS SPACE FOR COURT<br>USE ONLY                           |
| governmental units) BY MAIL TO SMC Group   | BY HAND                         | <b>OR OVERNIGHT DELIVERY TO</b>  | •                              | FILED NOV S. S.  |
| 1 5-41 1711 -1<br>- R04411   | ALL I'S                         | Civil in III III to the transfer of the transf |                                | FILED NOV 2 9 200  |
| Elagn! / ) /6  | El Segiin                       | 41.5.1   |                                | ]  |
| DATE   SIGN and print the name and title if any of the this claim (attach copy of power of attorn  |                                 | r other person authorized to file  |                                |  |
| 11/21/06 Dovan   | · /.                            | •  |                                |  |

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   | PRO            | OOF OF CLAIM   |  |
|--|----------------|--|--|
| Name of Debtor   | Case Number    |  |  |
| COUPANY  | 06-10725-LBR   |  |  |
|  | 1              | <u></u>  |  |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment   |                | Check box if you are aware that anyone else has filed a proof of claim relating to |  |
| administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address   |                | your claim Attach copy of statement giving particulars                             |  |
| PANAGIOTIS DOVANITIS & DILLITRA  |                |  |  |
| 1170VAN/170V   |                | Check box if you have never received any notices                                   |  |
| TTUDUS   |                | from the bankruptcy court or BMC Group in this case                                | DO NOT FILE THIS PROOF OF CLAIM FOR A<br>SECURED INTEREST IN A BORROWER THAT IS NOT  |
| GLYFADA NOH ST 16674   |                | Check box if this address  | ONE OF THE DEBTORS   |
| GROBCE   |                | differs from the address on the<br>envelope sent to you by the                     | If you have already filed a proof of claim with the<br>Bankruptcy Court or BMC you do not need to file again   |
| Creditor Telephone Number ( )011-30210-96229   | 26             | court  | THIS SPACE IS FOR COURT USE ONLY   |
| Last four digits of account or other number by which creditor identifies   |                | Check here replac  | es a previously filed claim dated  |
| 4041   |                | if this claim amen   | · · · · · · · · · · · · · · · · · · ·  |
| 1 BASIS FOR CLAIM  | Retiree I      | penefits as defined in 11 U S  | C § 1114(a) Unremitted principal   |
| Goods sold Personal injury/wrongful death  | Wages :        | salanes and compensation (   | fill out below) Other claims against servicer  |
| Services performed Taxes   |                | digits of your SS #  | (not for loan balances)  |
| Money loaned Other (describe briefly)  | Unpaid o       | compensation for services pe   | formed from to<br>(date) (date)  |
| 2 DATE DEBT WAS INCURRED   | 3 IF C         | OURT JUDGMENT, DATE O  |  |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that  |                |  |  |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$   |                | SECURED CLAIM  |  |
| Check this box if a) there is no collateral or lien securing your claim or b)  | your claim     |  | our claim is secured by collateral (including  |
| exceeds the value of the property securing it or if c) none or only part of ye entitled to priority  |                | a right of setoff)  Brief description of   | collateral   |
| UNSECURED PRIORITY CLAIM   |                | Real Estate  |  |
| Check this box if you have an unsecured claim all or part of which is  |                | Value of Collateral  |  |
| entitled to priority  Amount entitled to priority \$   |                | ]  | nd other charges at time case filed included in  |
| Specify the priority of the claim  |                | secured claim if any   |  |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  |                | Up to \$2 225° of deposits towards for portranal family of                         | ard purchase lease or rental of property or<br>or household use 11 U S C § 507(a)(7)   |
| Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's  | * _            |  | vernmental units 11 USC § 507(a)(8)  |
| business whichever is earlier 11 U S C § 507(a)(4)   |                |  | agraph of 11 U S C § 507(a) ()   |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5)   |                | Amounts are subject to adjust  | stment on 4/1/07 and every 3 years thereafter<br>lood on or after the date of adjustment   |
| 5 TOTAL AMOUNT OF CLAIM \$ \$  | 300            | 000,00 \$  | \$ 50,000.00   |
| AT TIME CASE FILED (unsecured)   | (1             | secured)   | (priority) (Total)   |
| Check this box if claim includes interest or other charges in addition to the  | he principal   | amount of the claim. Attach ite  | muzed statement of all interest or additional charges  |
| 6 CREDITS The amount of all payments on this claim has been cre  |                |  |  |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security  | agreement      | s and evidence of perfection   | of lien DO NOT SEND ORIGINAL   |
| DOCUMENTS If the documents are not available explain if the document | ne filing of y | our claim enclose a stamped  | d self addressed envelope and copy of this   |
| The original of this completed proof of claim form must be sen   |                |  |  |
| ACCEPTED) so that it is actually received on or before 5.00 pm for each person or entity (including individuals, partnerships)   | n prevailir    | ig Pacific time or Novembe   | EC 17 70 USE ONLY  |
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| Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme   | ent for up to  | 5 years or both 18 USC §§  | 152 AND 3571 1072501502  |